

FIG. 1

109120-6881B2.dwg

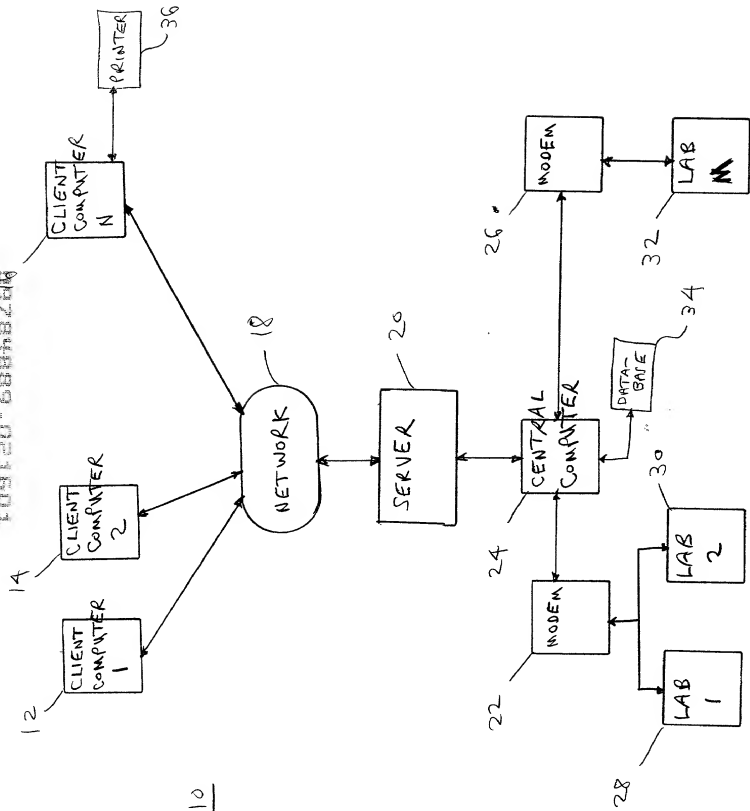


FIG. 2

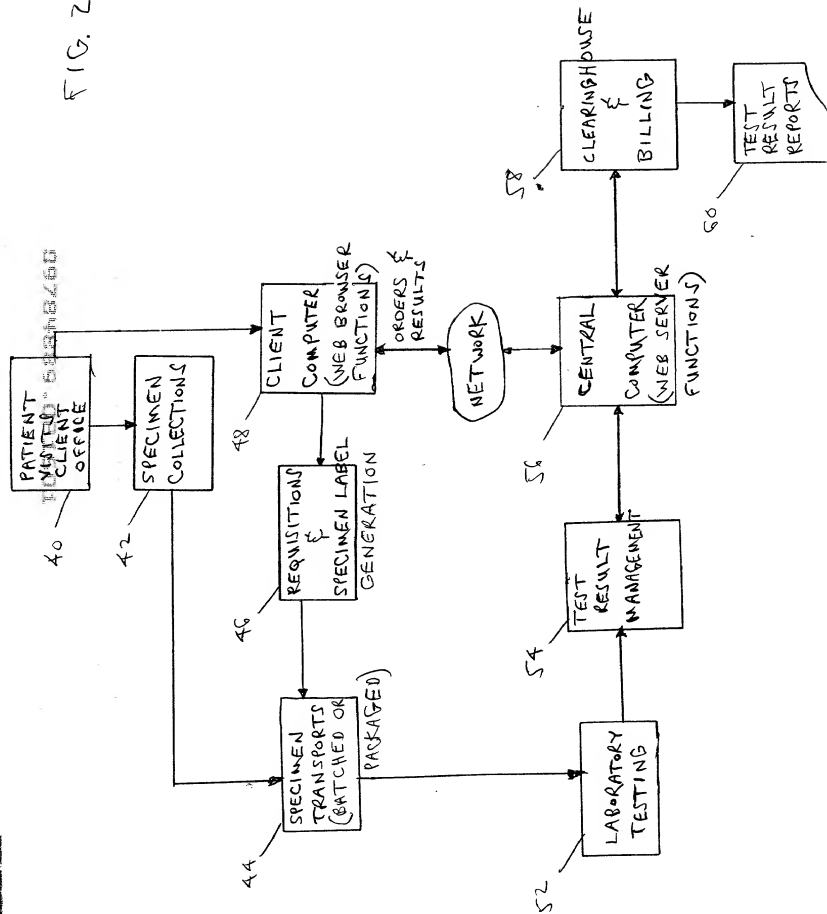
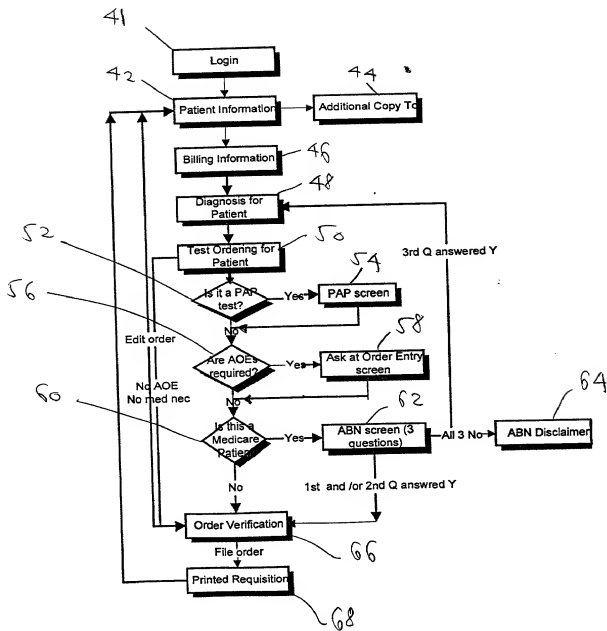


FIG. 3

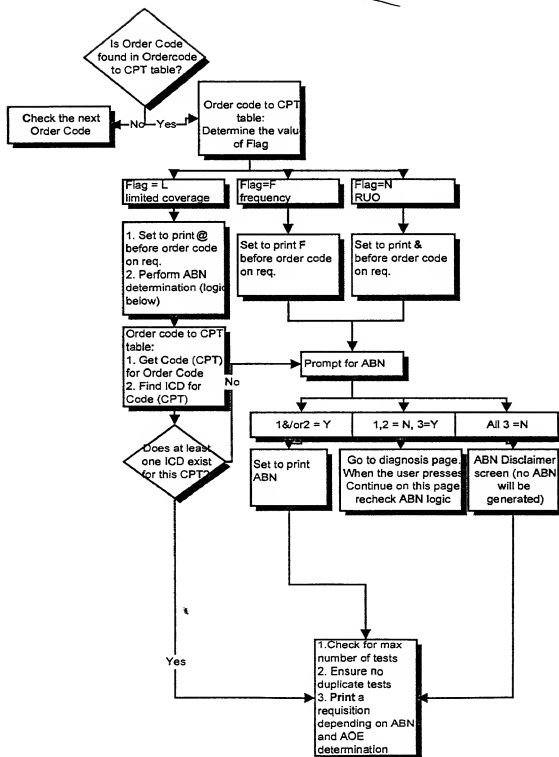
40



09764666-021607

FIG. 4

70



00734650-021001

FIG. 5

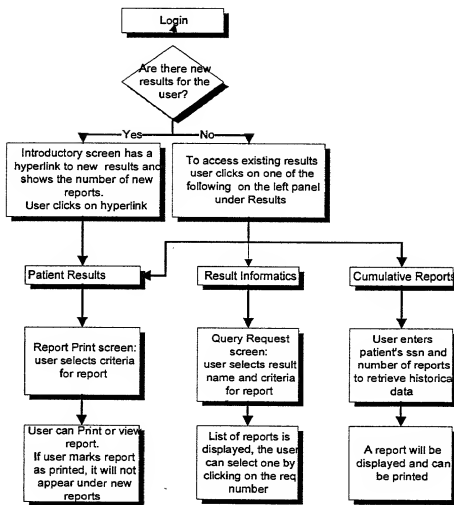
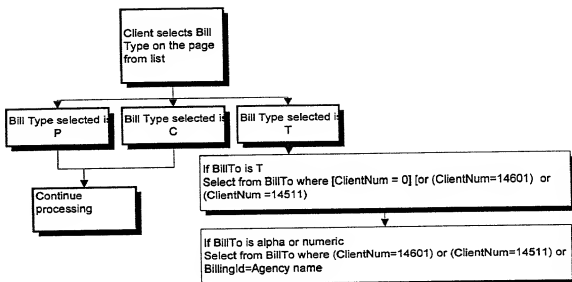


FIG. 6



Online Clinical Information System

Member Login


User Name:

Password:

[View Security Information/Requirements](#)

FIG. 7A

FIG. 7B



Now Order
Results
Inquiries
Request a Log
Batch Manipulation
Help
Quit & Logout

Patient Information
Fields marked with an asterisk () are required*

Client UPIN

SSN [Additional Report Copies](#)

Patient ID Other ID

First Name MI Last Name

Date of Birth Relationship

Sex Bill Type

Street Address City

State Zip

Phone * Result Modification

Reporting Comments Fax Number Batch

Internal Comments

FIG. 7C

Quest Diagnostics

Billing Information for Patient: Testing Olga
Responsible Party Information

Bill To: Insurance - Relationship: Spouse
 SSN: 001201201 Fields marked with an asterisk (*) are required

First Name * Last Name *
 Date of Birth (MM/DD/YYYY) * Sex *
 Street Address * City *
 State * Zip * Phone *
 Insurance Center * OR Generic Center
 Insurance ID * Group Number Referring Physician Provider ID *
 <<Back >>Continue>>

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FIG. 7D

Quest Diagnostics

Billing Information for Patient: Testing Olga
Responsible Party Information

Bill To: Insurance - Relationship: Spouse
 SSN: 001201201 Fields marked with an asterisk (*) are required

First Name * Last Name *
 Date of Birth (MM/DD/YYYY) * Sex *
 Street Address * City *
 State * Zip * Phone *
 Insurance Center * OR Generic Center
 Insurance ID * Group Number Referring Physician Provider ID *
 <<Back >>Continue>>

Diagnosis

<input type="checkbox"/> 401 - VINCENT'S ANGINA	<input type="checkbox"/> 1101 - DERMATOPHYTOSIS OF NAIL	<input type="checkbox"/> 2300 - HEMOPHILUS MENINGITIS
<input type="checkbox"/> 20741 - TENSION HEADACHE	<input type="checkbox"/> 7085 - CHEST PAIN	<input type="checkbox"/> 724 - FLAT FOOT
<input type="checkbox"/> 0149 - RX DRUG ALLERGY	<input type="checkbox"/> V150 - HX OF ALLERGY REC	<input type="checkbox"/> V138 - FAMILY HX ALLERGY
<input type="checkbox"/> B9225 - ADV EFF NEUROMUSCULAR	<input type="checkbox"/> 5624 - ABN PLACODE POSTPARTUM	<input type="checkbox"/> 2259 - ANEMIA NOS
<input type="checkbox"/> 123 - OTHER GESTACE	<input type="checkbox"/> 0729 - LABORATORY EXAMINATION	

EMIC2.008

Description:

Search by: Code
 Description

Code Description

<<Back >>Continue>>

FIG. 7E

[illegible]

FIG. 7F

Standing Orders for Patient:		Testing.Olga	
Standing Order Codes: <i>max codes allowed 15</i>		<input type="button" value="File Standing Orders"/>	
<small>Reminder: Only order those tests which are medically necessary for the diagnosis and treatment of the patient.</small>			
Optional Expiration Date:			
418			
Description: <div></div>			
Search by: <div></div>		<input type="radio"/> Code	<input type="button" value="Search"/>
		<input checked="" type="radio"/> Description	
Order Code	Description		
<div></div>			
<input type="button" value="Close"/>			

09784889-021601

FIG. 7G

Directory of Services	
Order Code	418 <input type="button" value="Display"/>
Description	DIGOXIN
Search by	<input checked="" type="radio"/> Description <input type="radio"/> Code
Search String	<input type="text"/> <input type="button" value="Search"/>
Code	Description
<input type="button" value="Quit"/>	

FIG. 7H

Directory of Services	
Code: 418	Description: DIGOXIN
Preferred Specimen : 1 ML SERUM - DO NOT COLLECT IN SERUM SEPARATOR TUBE. COLLECT AS TROUGH AT LEAST 8-8 HOURS AFTER DOSE.	
Specimen Container: PLASTIC SCREW CAP VIAL	
Specimen Volume: 0.5 ML	
Transport Temperature: AMBIENT	
Specimen Stability: AMBIENT: 5 DAYS REFRIGERATED: 10 DAYS	
Reject Hemolysis: NO	
Reject Lipemia: NO	
Reject Thaw/Other: SERUM SEPARATOR TUBE	
Methodology: IMMUNOASSAY	
CPT Code(s): 80182	
(The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.)	
<input type="button" value="Back"/>	<input type="button" value="Add To Order"/>

09784889-021601

FIG. 7J

Order Code	Component	Question	Answer
7943	CREATININE CLEARANCE	HEIGHT FEET	
		HEIGHT INCHES	
		WEIGHT POUNDS	
		URINE VOLUME	
		COLLECTION TIME	
		« Back	Continue »

FIG. 7K

Please Note:
A signed Advance Beneficiary Notice (ABN) is required for this registration and must accompany the sample.

ABN Queries

1. Will the patient sign an ABN form? ☐ Yes ☐ No

2. Is the patient here to sign an ABN? ☐ Yes ☐ No

3. Are there any other medically appropriate diagnosis codes in the patient's chart for this date of service? ☐ Yes ☐ No

[Submit](#)

[ABN Rules Documentation](#)

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0976488-021601

FIG. 7L

109120-66848250

Signal
Assignment

Doe, Jane M

Client : 97502840

Req : 0030486



FIG. 7 M

Order Verification for Patient - Testing Olga	
Client 97502840 - TEST CLIENT (H2)	
UPIN D09976 - Test_Doc	
Patient Information:	
SSN 201201201	ID 123456789012345
Last Name Testing	
First Name Olga	M
DOB 09/11/1976	SWF
Address any	CIV LO01
State AL	7607644
Phone 2019999999	
Billing ID Insurance	
Relationship:	
Relationship Spouse	SSN 201201201
Last Name Testing	
First Name Olga	M
DOB 09/11/1976	SWF
Address any	CIV LO01
State AL	7607644
Phone 2019999999	
Group #	
Ins ID 123456789A	
Physician ID Test_Doc	
Insurance Code MCR - MEDICARE	
Tests Ordered:	
Code	Description
7243	# CREATININE CLEARANCE
418	DIGOXIN
Requisition Level Overrides:	

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FIG. 8A

Quest Diagnostics

New Order Results

Patient Results

Cumulative Reports

Result Information

Inquiries

Requestion Log

Batch Manipulation

Help

Quit Logout

Report Print

Client: (B) TEST CLIENT (H) - 97502840

Report:

Patient Name:

Regulation:

Date Range: Start Date (mm/dd/yyyy) 09/27/2000
End Date (mm/dd/yyyy) 01/05/2001

Result Types: Abnormal Only ☐
Normals Only ☐
All ☐

Sort By: Patient Name ☐
Ref ☐
Date ☐

Report Status: Final Only ☐
Prelim Only ☐
All ☐

Options: Descending ☐
Ascending ☐

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FIG. 8B

Quest Diagnostics

New Order Results

Patient Results

Cumulative Reports

Result Information

Inquiries

Requestion Log

Batch Manipulation

Help

Quit Logout

Selected Reports				Page 1 of 1	
Regulation	Accession	Patient Name	Date	Status	Abnormal
0000193	TP003692T	GULLERY,VICKY T	11/10/2000	Final	Yes
0000195	TP003693T	GULLERY,VICKY T	11/10/2000	Partial	Yes
0000196	TP003694T	GARY,TOLENTINO M	11/10/2000	Final	No
0000197	TP003695T	DOMENICI,HENRY M	11/10/2000	Final	No
0000203	TP003693T	T,T	11/10/2000	Final	No
0000204	TP003624T	TEST,COPYTO	11/14/2000	Final	No
0002120	TP003687T	TEST,COPYTOS	11/27/2000	Final	Yes
0002141	TP003709T	TESTING DAVE	11/28/2000	Final	No

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0978489-021601

FIG. 8C

Registration Number: 0000193 Client: 975626d
 Patient Name: GALLERY, VICKY T. Referring Physician: D11111
 Age: 7M Room Number:
 Birth Date: 03/18/2000 Patient ID: PID0222
 Gender: F Collected: 11/07/2000 11:10AM
 Social Security Number: 564902766 Logged: 11/07/2000 02:55PM
 Accession Number: TP003692T Reported: 11/10/2000 04:50PM
 Urine Volume:
 Report Comments: THIS IS A REPORT COMMENT
 FASTING
 Report Name: Dev: Date: Unit: Reference Range: Sex:

TEST PANEL	Result	Unit	Reference Range	Sex
TRIGLYCERIDES	200 (N)	MG/DL	<200	IZ
CHOLESTEROL TOTAL	190	MG/DL	NOT DEFINED	IZ
HDL-CHOLESTEROL	38	MG/DL	NOT DEFINED	IZ
LDL-CHOLESTEROL	90	MG/DL (CALC)	NOT DEFINED	IZ
CHOL/HDL RATIO	4.9 (N)	(CALC)	<4.9	IZ
LYME DISEASE IGG ABG. WESTERN BLOT	POSITIVE		NEGATIVE	AT
RAVUS PRESENT	NON-REACTIVE		NEGATIVE	IZ
HEPATITIS B CORE AB TOTAL	48	NOEL	12-113	IZ
HEPATITIS B CORE AB TOTAL	0.4	MICRO RUM	0.4-0.8	IZ
THYROID STIMULATING HORMONE	0.4 (L)	MG/L	0.3-0.9	IZ

PRINT ONLY TESTS: > 4.0
 [Back] [Print]

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FIG. 8D

Query All Patients Request

Client: TEST CLIENT (MD) [v]
 Result Name: [v]
 Date Range: Start Date: (mm/dd/yyyy) 05/04/2000
 End Date: (mm/dd/yyyy) 01/31/2000
 Age: Greater than or Equal To [v]
 Less than or Equal To [v]
 Sex: Male [v]
 Female [v]
 Unknown [v]
 Value: Greater than or Equal To [v]
 Less than or Equal To [v]
 Abnormal Only [v]
 Sort By: Patient Name [v]
 Result [v]
 Value [v]
 Date [v]
 Descending [v]
 Ascending [v]
 [Quit] [Query] [Reset]

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FIG. 8E

Query Results										Page 1 of 2	
Report Number	Collection Date	Client Name	DOB	Sex	Age	Test Name	Result	Ref	Notes		
0001772	09/07/2000	DUGAN, CAROLE L	01/03/1957	F	43	F 140					
0001829	09/10/2000	DUGAN, CAROLE L	01/03/1957	F	43	F 145					
0001881	09/11/2000	DUGAN, CAROLE L	01/03/1957	F	43	F 140					
0001989	09/18/2000	DUGAN, CAROLE L	01/03/1957	F	43	F 140					
0001774	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 140					
0001775	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 145					
0001776	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 147 - H					
0001778	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 134 - L					
0001779	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 145					
0001781	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 137					
0001782	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 136					
0001784	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 139					
0001785	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 140					
0001786	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 147 - H					
0001787	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 136					
0001788	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 160 - H					
0001789	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 138					
0001790	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 136					
0001791	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 146 - H					
0001792	09/07/2000	LABORDE, LESLIE	08/04/1977	F	23	F 142					

Quit

New Query

Exit

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FIG. 8F

Cumulative Reporting	
Client	TEST CLIENT (HQ)
SSN	
Number of Reports to go back	2
Quit	Query

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09784889-021601

FIG. 9A

Quick Diagnostics

- New Order
- Results
- Reports
- Diagnostic Codes
- Test Dictionary
- Insurance
- Companies
- Eligibility
- Verification
- Requisition Log
- Batch Manipulation
- Help
- Quit/Logout

Search

AB C D E F G H I J K L M N O P Q R S T U V W X Y Z

Code	Report Title
------	--------------

FIG. 9B

Selection

Insurance Company: Select Insurance

Member Number:

Member's Social Security #:

Member's Birth Date: / /

Member's Last Name:

Date of Service: / / 2001

Response

- ☐ Status
- ☐ Name
- ☐ Gender
- ☐ Member/Insured Id Number
- ☐ Social Security Number
- ☐ Responsible Party Address
- ☐ Responsible Party Phone
- ☐ Contract Number
- ☐ Service Number
- ☐ Group Number
- ☐ Third Party Form Code
- ☐ Relationship Code
- ☐ Member's Bill To

FIG. 10

Requisition Log Request	
Client(s)	TEST CLIENT (H-O) NORD, JANICE MD FAMILY MEDICINE OF MIAMI, PA FRIEDMAN, ROBERT MD GALINSKY, MARY MD
Order Type	Order Only <input checked="" type="radio"/> New-Order Only <input type="radio"/> All <input type="radio"/>
Date Type	Order Date <input checked="" type="radio"/> Collection Date <input type="radio"/>
Date Range	Start (mm/dd/yyyy) 12/06/2000 End (mm/dd/yyyy) 01/05/2001
Sort By	Date <input checked="" type="radio"/> Patient Name <input type="radio"/>
[Go] [Query]	

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FIG. 11

Batch Processing	
Ordering Client	TEST CLIENT (H-O)
Open Batches	200010-70001 (F-T)
Select Batch	200010270001
Batch Open	
[Print] [Go] [Open Batch] [Re-Open] [Quit]	
New Batch	
Specimen Condition	
Refrigerated	<input type="radio"/>
Room Temperature	<input type="radio"/>
Frozen	<input type="radio"/>
Create Batch	300

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09784880-021501

0970499 : 071601

Electronic Request System Microsoft Internet Explorer

http://156.30.30.12/scripts/sgwms32.dll

LabCorp

Test Ordering for Patient: Testing: Gluca

Client:

Order Information

Date Collected	Time	Total Vol. (ml)	Duration (hrs)	Fasting
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Order Codes:

Order Code	List Codes	Patient Codes
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

<< Back Continue >>